Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Scarsdale Grange Nursing Home

139 Derbyshire Lane, Sheffield, S8 9EQ

Tel: 01142580828

Date of Inspections: 01 August 2013
31 July 2013

Date of Publication:
September 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Scarsdale Grange LLP
Registered Manager	Ms. Kathleen Margaret Winstanley
Overview of the service	Scarsdale Grange Nursing Home is a 52 bedded home providing residential and nursing care for older people and people with dementia. It is situated over two floors and has lift access. It is located in the Norton Lees area of Sheffield and is near to local amenities and local transport links.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 31 July 2013 and 1 August 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff and talked with other authorities.

What people told us and what we found

During our visit we spoke with five people using the service, two relatives and multiple members of staff from each discipline.

People using the service and their relatives that we spoke with were positive about the home.

People using the service told us that their opinions were sought so that they were involved in decisions and that they had a choice. We observed positive interactions between staff, people using the service and their relatives throughout the visit.

People using the service and their relatives told us that care and treatment was planned and delivered in a way that ensured people's safety and welfare and they were involved in their care. Some comments included "The staff always tell me what's going on and ask me what I want to do. They do a good job." and "I've been involved with my care".

All the people and relatives we spoke with said they had no concerns about abuse in the home. One person using the service told us "I feel safe here. I would tell the staff if I didn't."

We found that there were enough qualified, skilled and experienced staff to meet people's needs.

We found that there was an effective system to regularly assess and monitor the quality of service that people receive.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People using the service and their relatives that we spoke with were positive about the home. Some comments included "I am as happy as I could be here" and "The staff are very very good. They do little things for me. They take me out. We have a laugh. I don't miss out on anything."

We observed positive interactions between staff, people using the service and their relatives throughout the visit. We observed that people's rooms were personalised and decorated to their own taste. We observed that the dementia unit on the second floor was not decorated to suit the needs of those with dementia, such as with clear signage for different rooms and use of different colours on floors and walls. The staff were however enthusiastic about putting this in place.

People using the service told us that their opinions were sought so that they were involved in decisions and that they had a choice. The examples they gave included choosing what to eat, what to wear and whether to join in activities. Their comments included: "The food is good here. We get a choice of what we want. I get a cooked breakfast every day."

We spoke with members of staff about choice and they were able to tell us about people's preferences in terms of food, what time they liked to get up and go to bed and how they preferred to have their personal care undertaken. One staff member told us "People can get up when they want. It's entirely up to them". People using the service confirmed that they can get up and go to bed when they liked.

There was information on display around the home about activities and events, pictures of staff and information about how to make a complaint if needed. We asked people how they are given a choice and we were given examples of how staff asked them verbally what they wanted to eat each mealtime. There were no other picture boards or menus on display to show what was on offer. We discussed this with manager who acknowledged a

need for this to be put in place.

During the inspection we spoke with two relatives who told us that they had been involved in their family member's care plan and received good communication from the staff. One relative told us that they regularly attended relative's meetings at the home. We were shown a timetable of meetings that had occurred and ones that were due to take place with relatives. We saw minutes of these meetings.

There were' privacy and dignity ' and 'autonomy and choice' policies in place which we were told that all staff had read and signed to confirm this. All of the people using the service and their relatives told us that they were treated with respect and their dignity was maintained. We spoke with three members of staff who were able to describe how they maintained people's privacy and dignity. We observed that the staff team were respectful. Staff told us that they knew the people very well as they spent so much time with them.

The provider may find it useful to note that we observed some instances where dignity had not been respected, for example we observed two people with stains on their clothes and long finger nails with visible dirt underneath. We looked at the daily record of four people and found that none of them had received nail care within the last month. We discussed this with the manager who told us that previously nail care was not undertaken by care staff and there had been some confusion around whether care staff should undertake this. The manager assured us that nail care would now be undertaken by care staff.

During two mealtimes we observed people were not asked if they would like to wear a food protector, which staff referred to as a 'bib'. Staff also referred on multiple instances to 'feeders' when referring to staff members who provided assistance to those who required it during mealtimes. There was also one person using the service who was a smoker. There was no sheltered outdoor area for smokers at the home. We discussed this with the manager who had plans in place to erect a smoking shelter in the garden area.

We looked at people's care plans which showed people's choices about personal care, likes and dislikes, social history and background and what activities they preferred to undertake. It was also documented in people's care plans about their personal care preferences and it was written in a daily chart what personal care had been given during the day.

There was a comments book in the entrance of the home that people could use to make suggestions about the home. This contained positive comments about the home and suggestions for improvement. The provider may find it useful to note that there was no satisfaction survey in place to collect the views of people using the service and their relatives. The manager, who was new into post, told us that they intended implementing this on an annual basis shortly after they had settled into the role and the people using the service had acclimatised to changes they were going to make.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People using the service and their relatives told us that care and treatment was planned and delivered in a way that ensured people's safety and welfare and they were involved in their care. Some comments included "The staff always tell me what's going on and ask me what I want to do. They do a good job." and "I've been involved with my care."

We observed staff giving care and assistance to people throughout the inspection and they treated people in a friendly and supportive way. We saw that the service promoted people's wellbeing by taking account of their needs including daytime activities. People told us about the different activities which included singing and listening to music, arts and crafts and painting nails. We also looked at the list of activities the home was planning to hold which included a visit from a holistic therapist, a hairdresser, a weekly church service, movement to music, sing-alongs, trips to the local pub and a summer party.

We looked at four people's care records. They contained a range of information that covered all aspects of health and personal care. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care planning was in place including initial assessment and the on-going monitoring of care, both physical and psychological. Risk assessments were in place where required and care and support had been recorded and updated within the care plan on an on-going basis. We saw evidence that care plans were being reviewed and updated on an on-going basis with the involvement of people using the service and their relatives. Care plans were also being audited to ensure they had been completed on a monthly basis by the clinical lead.

The provider may find it useful to note that the care staff that we spoke with told us that they did not write directly into care plans as this was the job of the qualified nurses. Carer's told us that they did not access the care plans and had their own separate documentation to complete which consisted of charts to show when personal care had been given, turning charts and food and drink charts. We asked carers how they kept up to date with changes in people's care plans and we were told that this was done in daily handover. This system left carers at risk of missing important updates in care plan documentation.

Staff told us that an area of high risk in the home was around people's nutrition and

ensuring that people were supported to maintain a healthy diet and weight in the home. We were able to see in people's care plans that appropriate risk assessments were being carried out around nutrition where required. We were shown a list of people's weight which was recorded on a monthly basis. Where people had been identified as losing weight, we saw that this was documented within their care plans and that increased monitoring of their weight and food intake to a weekly basis had taken place. During the inspection we saw people being offered a choice of drinks whilst sitting in the downstairs lounge area. There was however a lack of jugs available in people's rooms for people to get their own drinks. We spoke with the manager about this who informed us that jugs would be ordered for each person so they could access their own drinks.

The home had identified that many people were at high risk of falling. Risk assessments had been undertaken to try to reduce the likelihood of people having falls in the home. Staff told us that all falls were recorded on incident forms and this was documented in the daily notes. We observed that these were in place at the time of our visit. People had up to date falls risk assessments in their care plans where required. There were padded rails in place to prevent people falling out of bed.

The majority of people that we spoke with told us that they did not have to wait for a long time when they pressed the call bell in their rooms. One person using the service told us "they come quickly when you press the buzzer." Some people told us that they tend not to press this during busy times such as the morning or mealtimes as staff are busy. We observed call bells to be answered promptly on the day of our visit.

There was an emergency procedure policy in place at the home at the time of our visit which we were told all staff were aware of and had signed to say they had read and understood this. We asked about the emergency procedures in the home and staff were able to tell us what they would do in an emergency. The contact details for the local 'Care Home Support Team' were also displayed.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

All the people and relatives we spoke with said they had no concerns about abuse in the home. One person using the service told us "I feel safe here. I would tell the staff if I didn't."

There was an up to date safeguarding policy in place of which staff were aware. All the staff we spoke with demonstrated knowledge about safeguarding and mentioned ways the home aimed to prevent anything untoward happening in terms of abuse, such as working in pairs. All the staff we spoke with were able to tell us the escalation procedure if they suspected abuse. The contact details for the local safeguarding team at Sheffield City Council were also was accessible for staff.

Staff told us they had received mandatory safeguarding training. They said that this training was useful. On the day of the visit an in-house safeguarding training session was taking place.

At the time of the visit we were told that there were no people under a Deprivation of Liberty Safeguard (DoLS) at the home. There was training available for all staff around DoLS and staff were up to date or scheduled to undertake this training. There was also information about where DoLS might need to be considered, displayed in the home. Staff also had awareness about the Mental Capacity Act 2005 (MCA).

We were told that 'best interests' meetings took place at the home in order to ensure the wellbeing of people who lacked capacity to make certain decisions. We saw evidence that these had taken place in a person's care plan. The family of the person had been involved in the meeting as well as the relevant staff and social worker.

Staff were able to describe the home's whistle blowing procedure. We looked at the information given to staff on receiving gifts and legacies. We saw that there were clear guidelines in place for staff to follow.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We looked at this outcome due to concerns raised before the visit. We were informed by different sources that there were not enough staff to meet the needs of the people living at the home. We looked at the staff rotas for July and half of August 2013, spoke to the manager about staffing levels and skill mix of staff and spoke to staff, people using the service and their relatives about whether the number of staff were appropriate.

The majority of people that we spoke with told us that they did not have to wait for a long time when they pressed the call bell in their rooms. One person using the service told us "they come quickly when you press the buzzer." During our inspection we observed that staff responded to call bells promptly and staff confirmed this was not an issue. During our inspection we found that people received the care and treatment that had been planned to meet their individual needs.

The majority of staff, people using the service and relatives we spoke with told us they had concerns about staffing levels and felt there were not always enough staff on duty. We attended a staff meeting for qualified nurses who expressed that they often do not have time to care for people because the medication round takes up the majority of their time. Since our inspection the provider told us they had spoken with staff and that the negative comments we received were due to issues relating to previous management practices, the management of staffing rotas and the use of agency staff. The provider has told us that these issues have now been resolved with the appointment of a new manager.

Examples of comments we received from relatives of people using the service relating to this were "the hoist isn't always used as this takes too much of staff time and one is out of use at the moment which makes it worse" and "the staff are changing all the time. We've had three managers here this year already. It's very unsettling to the residents."

A new manager had recently been appointed and we spoke with them about these issues. The manager acknowledged there had until recently, been issues with staffing however this was mainly due to how staff had been deployed and a high level of sickness over the last month. The manager confirmed they had already identified this and were in the process of addressing staff deployment and shift arrangements.

The usual shift pattern was a 12 hour shift and the manager had recently changed the shift patterns for carers to cover busy periods between 7:30 am and 2 pm. We saw this was in place at the time of our inspection and the manager would continue to monitor staffing levels to ensure that there were sufficient numbers of staff to provide care to people using the service at all times.

The provider may like to note that they should continue to monitor the dependency levels in the service and the deployment of staff and skill mix to ensure that people's needs continue to be met and this will be followed up at our next inspection.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We looked at a number of audits undertaken by members of the management team. Our review of these records evidenced that there was an effective quality monitoring system to analyse, identify and reduce risk. We saw that clear and comprehensive audits were undertaken for a range of areas, such as care planning, medication and nutrition. The audit documents in place clearly recorded the actions required to meet any identified shortfalls together with timescales.

The provider may find it useful to note that there was no satisfaction survey in place for people or their relatives to complete. We spoke to the manager about this who informed us that this would be implemented. A suggestions box had been purchased by the manager which we saw, but this had not yet been installed.

Staff spoken with during our inspection told us that staff meetings took place. Our check of records evidenced that staff meetings had taken place as scheduled throughout the previous year. On the day of our inspection staff meetings for care staff and qualified nurses were also taking place. Staff told us and our check of meeting minutes confirmed that relatives were provided with the opportunity to express their views and experience of the service through relatives meetings. We checked the minutes of these meetings and saw that meetings took place as planned. Our review of the minutes however identified that there were not clear records of how issues discussed within the meeting were being actioned.

There was evidence that learning from incidents/investigations took place and appropriate changes were implemented. There was a folder that contained the incident reporting policy and a copy of incidents that had taken place and what actions had been put in place as a result. We looked at an incident that had been reported about a person having a fall and saw that this was reflected in their care plan and an increased level of care around falls had been implemented.

There was also a complaints policy in place and a nominated complaints lead. We reviewed the complaints form 2013 and saw that all complaints had been responded to in

a timely manner. The provider may find it useful to note that there was no summary of the outcome of any of the complaints and whether they had been resolved or accepted by the complainants.

The provider also informed us that they have achieved 'Investors in People Gold Standard'.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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